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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/587,839			ling Date 09/2007	To be Mailed	
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
	FOR	1	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b), (c)	or (c))	N/A		N/A		N/A			N/A		
	SEARCH FEE (37 CFR 1.16(k), (i), c		N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p), o		N/A		N/A		N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =				X \$ =		OR	X \$ =		
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *				X \$ =			X \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	shee is \$2 addi	If the specification and drawin sheets of paper, the applicatio is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37		n size fee due for each n thereof. See							
	MULTIPLE DEPEN	IDENT CLAIM P	RESENT (3	7 CFR 1.16(j))								
* If t	* If the difference in column 1 is less than zero, enter "0" in column 2.								_	TOTAL		
APPLICATION AS AMENDED — PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR	OTHER THAN OR SMALL ENTITY		
LN	05/10/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
AMENDMENT	Total (37 CFR 1.16(i))	* 28	Minus	** 49	= 0]	X \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	* 4	Minus	***8	= 0]	X \$ =		OR	X \$220=	0	
AM	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Column 2)	(Column 3)							
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
ENT	Total (37 CFR 1.16(i))	*	Minus	**	=		X \$ =		OR	X \$ =		
ENDMI	Independent (37 CFR 1.16(h))	*	Minus	***	=		X \$ =		OR	X \$ =		
I	Application Size Fee (37 CFR 1.16(s))]] '			
AMI	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
						• .	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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